



The Commonwealth of Massachusetts
Department of Public Safety
Architectural Access Board

**One Ashburton Place, Room 1310
Boston Massachusetts 02108-1618**

Phone: 617-727-0660

Fax: 617-727-0665

www.mass.gov/dps

Docket Number

(Office Use Only)

APPLICATION FOR VARIANCE

In accordance with M.G.L., c.22, § 13A, I hereby apply for modification of or substitution for the rules and regulations of the Architectural Access Board as they apply to the building/facility described below on the grounds that literal compliance with the Board's regulations is impracticable in my case.

PLEASE ENCLOSE:

- 1) A filing fee of \$50.00 (Check/Money Order) made payable to the "Commonwealth of Massachusetts" and all supporting documentation (e.g. plans in 11" x 17" format, photographs, etc.). In addition, the complete package (including plans, photographs and the completed "Service Notice") must be submitted to all parties via compact disc.**
 - 2) If you are a tenant seeking variance(s), a letter from the owner of the building authorizing you to apply on his or her behalf is required.**
 - 3) The completed "Service Notice" form provided at the end of this application certifying that a copy of your *complete application* has been received by the Local Building Inspector, Local Disability Commission (if applicable), and Local Independent Living Center for the city/town that the property in question resides in. A list of the local entities can be found by calling the Architectural Access Board Office or the Local City/Town Clerk. For a list of the Local Independent Living Centers you can either call the Architectural Access Board Office or visit the Massachusetts Statewide Independent Living Council website at <http://www.masilc.org/membership/cils>.**
- 1. State the name and address of the owner of the building/facility:**
Minuteman Ridge Homeowners Association, Inc.
P.O. Box 2159
Acton, MA 01720

E-mail: lsmith@cranberryhill.com
Telephone: 781-572-1100

9 R. Cpt Brown's Lane

2. State the name and address of the building/facility:

Minuteman Ridge Pool Bathhouse

9 Rear Captain Brown's Lane, Acton, MA 01720

3. Describe the facility (i.e. number of floors, type of functions, use, etc.):

Single-story, Semi-Public Pool Bathhouse as required under 105 CMR 435 containing guard room, Men's & Women's restroom and storage room.

4. Total square footage of the building: 325 sf building with 450 sf covered area (canopy)

a. total square footage of tenant space (if applicable): N/A

5. Check the work performed or to be performed:

☐ New Construction

☐ Addition

☒ Reconstruction/Remodeling/Alteration

☐ Change of Use

6. Briefly describe the extent and nature of the work performed or to be performed (use additional sheets if necessary):

Renovation of existing pool house which includes two restrooms, a guard room and a storage room.

7. State each section of the Architectural Access Board's Regulations for which a variance is being requested:

7a. Check appropriate regulations:

☐ 1996 Regulations ☐ 2002 Regulations ☒ 2006 Regulations

SECTION NUMBER

LOCATION OR DESCRIPTION

19.2.1.b

Access Device - 1 yr time variance requested for lifting device

19.6.2

Accessible Table - 1 year time variance requested

19.2.2

Path of Travel - 10 year time variance requested for

Accessible route to and around kiddie pool

20.2

Location-Van accessible space in lieu of access to public way

20.9

Accessible Route - Cross Slope exceeds 2%

20.10

Accessible Route - Change in levels along accessible route

24.4.1

Accessible Route - Level Landings for 60" minimum

26.11.2

Door handle - Gate handle is above 48" to protect children from entering pool area

8. Is the building historically significant? ☐ yes ☒ no. If no, go to number 9.

8a. If yes, check one of the following and indicate date of listing:

☐

National Historic Landmark

☐

Listed individually on the National Register of Historic Places

☐

Located in registered historic district

☐

Listed in the State Register of Historic Places

☐

Eligible for listing

13. Has a certificate of occupancy been issued for the facility? No
If yes, state the date: _____
14. To the best of your knowledge, has a complaint ever been filed on this building relative to accessibility? _____ yes X no
15. State the actual assessed valuation of the **BUILDING ONLY**, as recorded in the **Assessor's Office** of the municipality in which the building is located: Under \$100,000
Is the assessment at 100%? Assessor's opinion
If not, what is the town's current assessment ratio? 100%

16. State the phase of design or construction of the facility as of the date of this application: Commenced construction 11-18-13
17. State the name and address of the architectural or engineering firm, including the name of the individual architect or engineer responsible for preparing drawings of the facility:
Andrew Loverud, MA Registration Number 7395
E-mail: Andy@DesignScienceInc.com
Telephone: 978-369-6565
18. State the name and address of the building inspector responsible for overseeing this project:
Mark Barbadoro, Building Inspector, 472 Main Street, Acton, MA 01720
E-mail: mbarbadoro@acton-gov.com
Telephone: 978-929-2633

Date: 11-22-13



Signature of owner or authorized agent

PLEASE PRINT:

Lawrence P. Smith, President MMRHOA
Name

4 Captain Forbush Lane
Address

Acton, MA 01720
City/Town State Zip Code

lsmith@cranberryhill.com
E-mail

781-572-1100
Telephone

**ARCHITECTURAL ACCESS BOARD VARIANCE APPLICATION
SERVICE NOTICE**

I, Lawrence P. Smith, as agent _____

for the Petitioner Minuteman Ridge Homeowners Association, Inc. submit a
variance application filed with the Massachusetts Architectural Access Board on November 22, 2013.

HEREBY CERTIFY UNDER THE PAINS AND PENALTIES OF PERJURY THAT I SERVED OR
CAUSED TO BE SERVED, A COPY OF THIS VARIANCE APPLICATION ON THE FOLLOWING
PERSON(S) IN THE FOLLOWING MANNER:

<u>NAME AND ADDRESS OF PERSON OR AGENCY SERVED</u>		<u>METHOD OF SERVICE</u>	<u>DATE OF SERVICE</u>
1	Mark Barbadoro, Acton Building Department	Via Fedex	11- 25 -13
	472 Main Street, Acton, MA 01720		
2	Lisa Franklin, Commission on Disabilities	Via Fedex	11- 25 -13
	472 Main Street, Acton, MA 01720		
3	Paul Spooner, Metro West Center for Independent Living	Via Fedex	11- 25 -13
	280 Irving Street, Framingham, MA 01702		

AND CERTIFY UNDER THE PAINS AND PENALTIES OF PERJURY THAT THE ABOVE
STATEMENTS TO THE BEST OF MY KNOWLEDGE ARE TRUE AND ACCURATE.

[Signature]
Signature: Appellant or Petitioner

On the 22nd Day of November 20 13
PERSONALLY APPEARED BEFORE ME THE ABOVE NAMED

Lawrence P. Smith
(Type or Print the Name of the Appellant)

[Signature]
NOTARY PUBLIC

March 7, 2019
MY COMMISSION EXPIRES

